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TO: U.S. Patent and Trademark Office
Examiner: Q.M. Grainger
Art Unit: 2852

DATE: May 4, 2005

FROM: Lawrence J. McClure

TIME:

TOTAL NO. OF PAGES, INCLUDING COVER: 11

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MESSAGE:

RE: U.S. Patent Application Serial No.: 10/706,058, Our Ref. 81710.0262

I hereby certify that the following documents:

- Amendment/Amendment Transmittal Letter

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

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Sheila Goldner

TELECOPY/FAX NUMBER: 703-872-9306 - Art Unit 2852

CLIENT NUMBER: 81710.0262

ATTORNEY BILLING NUMBER: 1966

CONFIRMATION NUMBER: Please return fax to Sheila Goldner

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FORM PTO-1083

81710.0262

Patent Application No. 10/706,058

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Takashi KONISHI et al.

Serial No: 10/706,058

Filed: November 12, 2003

For: IMAGE FORMING DEVICE

Art Unit: 2852

Examiner: Q.M. Grainger

I hereby certify that this correspondence is being transmitted via facsimile to (703) 872-9306:
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450 on
 May 4, 2005
 Date of Deposit
 Sheila Goldner
 Name
Sheila Goldner 05/04/05
 Signature Date

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	9	-	20	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	4	-	3	0	LG=\$200 SM=\$100	\$ 200
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
Independent Claims: 3, 12, 14, 22					TOTAL	\$ 200

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ Please charge the fee of **\$200** for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☐ Please charge the fee of \$___ for the extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
 HOGAN & HARTSON L.L.P.

By:

Lawrence J. McClure
 Lawrence J. McClure
 Registration No. 44,228
 Attorney for Applicant(s)

Date: May 4, 2005

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Appl. No. 10/706,058
Amdt. Dated May 4, 2005
Reply to Office Action of February 15, 2005

Attorney Docket No. 81710.0262
Customer No.: 26021

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Takashi KONISHI et al.
Serial No: 10/706,058
Confirmation No.: 6350
Filed: November 12, 2003
For: **IMAGE FORMING DEVICE**

Art Unit: 2852
Examiner: Q.M. Grainger

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
May 4, 2005

Date of Deposit

Sheila Goldner

Name

Sheila Goldner 05/04/05

Signature

Date

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated February 15, 2005, please amend the
above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on
page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

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